50000350

Registered Agent Solutions, Inc. 515 Congress Avenue Suite 2300 Austin, TX 78701		
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

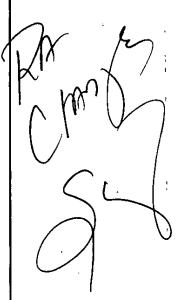
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06/24/10--01010--007 **35.00



VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: ANNA'S LINENS, INC.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of chang	ge is submitted for a corporation organized under the laws of the State of DELAWARE
in order i	to change its registered office or registered agent, or both, in the State of Florida.
	corporation: ANNA'S LINENS, INC.
2. The principal of	ffie address: 3550 HYLAND AVENUE COSTA MESA CA 92626
3. The mailing add	dress (if different):
,	É È
4. Date of incorpo	ration/qualification: 06/15/2005 Document number: F05000003502
	treet address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)
	CT CORPORATION SYSTEM
2	200 SOUTH PINE ISLAND RD.
<u>_</u> F	PLANTATION FL 33324
(if changed):	treet address of the new registered agent (if changed) and /or registered office
1	
_1	155 Office Plaza Dr. Suite A
	P.O. Box NOT acceptable
	Tallahassee, FL 32301
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent; e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signature	Veil T Watanabe Cto Printed or typed name and title
I harehy accent th	nelappointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Jumis	Escapedo (el 17/2010)
✓ Signal	ture of Registered Agent Date
If signing on beha	alf of an entity:
	cobedo, Asst. Secretary
-31	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)